

# SENATE BILL REPORT

## ESHB 2097

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As Reported By Senate Committee On:  
Health & Long-Term Care, February 22, 1996

**Title:** An act relating to basic health plan services.

**Brief Description:** Authorizing additional basic health plan services.

**Sponsors:** House Committee on Health Care (originally sponsored by Representatives Dyer, Campbell, Foreman, Casada, Hymes, L. Thomas, D. Schmidt, Mulliken, Crouse, Carrell, Boldt, Lisk, Lambert, Johnson, Hankins, Ballasiotes, Pelesky, Sterk, Silver, Radcliff, Mitchell, Robertson, Skinner, Pennington, Clements, Chandler, Blanton, Carlson, Schoesler, Smith, Brumsickle, Hargrove, B. Thomas, Koster, Goldsmith, McMorris, Basich, Sehlin, Morris, Ebersole, Conway, Stevens, Kremen, Chappell, Huff, Talcott, Kessler, Dickerson, Grant, Cody, Hatfield, Cooke, Sheldon, Thompson, Cairnes, McMahan, Van Luven, Costa, Delvin, Benton and Mason).

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/20/96, 2/22/96 [DP, DNP].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** Do pass.

Signed by Senators Quigley, Chair; Fairley, Franklin, Thibaudeau, Winsley and Wood.

**Minority Report:** Do not pass.

Signed by Senators Deccio and Moyer.

**Staff:** Don Sloma (786-7319)

**Background:** The Basic Health Plan (BHP) was created in 1987 as a state-administered program which allows state residents to enroll in one of several, privately administered, managed care health plans, all offering the same schedule of basic medical insurance. The program is administered by the Health Care Authority (HCA). Families with incomes less than 200 percent of the federal poverty level are eligible to receive enrollment subsidies. Currently, the BHP subsidized enrollment goal is 200,000 by June, 1997.

Currently, the BHP schedule of benefits must include physician services, inpatient and outpatient hospital services, prescription drugs, medications, and other services that may be necessary for basic health care. Consistent with agency appropriation, the HCA administrator may (and has) add limited chemical dependency services, mental health services, and organ transplant services; however, no one service or any combination of these three services can increase the value of the BHP benefits by more than 5 percent.

At present, the BHP statute does not specifically include rehabilitation or chiropractic services; however, these services can be received under the BHP, if authorized through an appropriate referral, consistent with the health carrier's contract.

**Summary of Bill:** Effective January 1, 1998, rehabilitation and chiropractic services are added to the mandatory schedule of BHP benefits. However, these services cannot increase the value of the BHP benefits by more than 1 percent.

Current requirements of health carriers regarding the Model Basic Health Plan are modified to permit disability insurers to offer the actuarial equivalency of a pre-paid plan. The Health Care Authority Administrator must establish by rule a mechanism to recognize the right of individuals and organizations with religious or moral tenets opposed to specific services but that ensures enrollees timely access to services covered in the Basic Health Plan.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** The bill is needed to expand BHP services to include medical rehabilitation to help people get back to work after injuries. It is also needed to help fee for service insurers to be able to offer the model BHP, as required by law.

**Testimony Against:** To the extent that the bill increases the cost of the BHP and the model BHP, it will make insurance less affordable and less accessible. Fewer will be insured. This makes BHP less basic.

**Testified:** Steve Wehrly, Chiropractors (pro); Gary Smith, Independent Business Assn. (con); Becky Bogard, WSPTA (pro); Karl Entelmann, WA Prosthetic Assn. (Pro); Gayle Burditt, WA Speech and Hearing Assn. (pro); Sylvia Kauffman, WA Occupational Therapy Assn. (pro); Ken Bertrand, Group Health; Carol Monohon, AWB (con); Rick Hickman, BCWA.